Behavioral Health Services Advisory Council
OMH Commissioner Update

Ann Marie T. Sullivan, M.D.
Commissioner

October 3, 2022

Key Initiatives 2022

1. Access to Services:
   - Crisis Services
   - Homeless Outreach and Housing; Safe Options Support Teams
   - Youth and Family
   - Rehab and Employment
   - First Episode Psychosis
2. Ensuring Equity and Diversity
3. Prevention Update
4. Criminal Justice Update
5. Workforce

Access:
Crisis Services

Office of
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NEW
YORK
STATE

988 & Comprehensive Crisis

A NEW CRISIS RESOURCE FOR NY

988 SUICIDE & CRISIS LIFELINE

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Comprehensive Crisis Response System

Someone to Call: 988-Regional Crisis Call Center Hubs 📞

Someone to Come: Crisis Mobile Teams Response 🚗

Somewhere to Go: Crisis Residences and Crisis Stabilization Centers 🏠

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Contact Centers - NYS Volume: August 2021 vs. August 2022

KPIs	August 2021	August 2022
Routed	11,565	16,964
Received	11,565	16,059
Answered In-State	7,629	13,230
In-State Answer Rate	66%	82%
Average Speed to Answer	32 seconds	27 seconds

Data provided by Vibrant Emotional Health

A Year at a Glance in NYS

Comparing August 2021 to August 2022:

- **5,399 more** calls were **routed** to NYS 988 Centers in 2022

- **4,494 more** calls were **received** by NYS 988 Centers in 2022

- **5,601 more** calls were **answered** by NYS 988 Centers in 2022

- **16% increase** in the **in-state answer rate** by NYS 988 Centers

- **5 second reduction** in **average speed to answer**

Routed: Number of calls that waited past the IVR greeting to be routed to a center. Metric used for network-wide and historic reporting, includes calls that abandon quickly after entering routing.
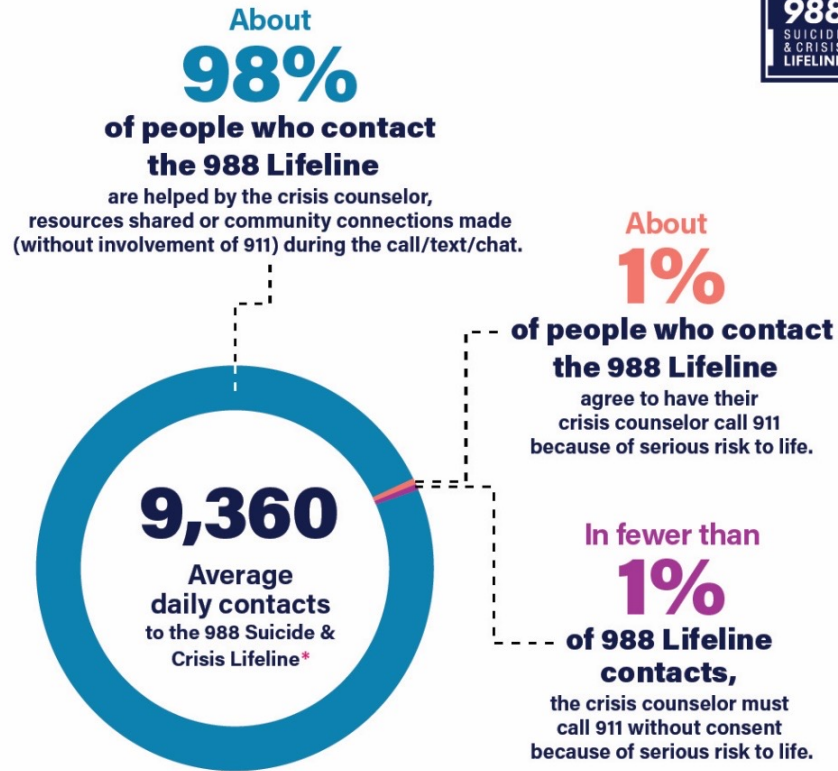
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NYS Chat and Text: 4am – 12pm

July 2022 KPIs	CHAT	TEXT
Received	180	62
Answered In-State	180	62
In-State Answer Rate	100%	100%
Average Speed to Answer	6 seconds	7 seconds

Data provided by Vibrant Emotional Health for July 16 – July 31

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Information Being Reported by Contact Centers to OMH

- Basic Information and Call Metrics

- Background Information/Demographics

- Primary Presenting Concern of 988 Contacts

- Contacts by Suicidal Ideation and Suicide Experience

- Homicidal Ideation

- Imminent Risk and Emergency Dispatch to 911

- 988 Contact Outcomes

- How Callers Heard About 988

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Nationwide Data from SAMHSA

About
98%
of people who contact
the 988 Lifeline
are helped by the crisis counselor,
resources shared or community connections made
(without involvement of 911) during the call/text/chat.

About
1%
of people who contact
the 988 Lifeline
agree to have their
crisis counselor call 911
because of serious risk to life.

9,360
Average
daily contacts
to the 988 Suicide &
Crisis Lifeline*

In fewer than
1%
of 988 Lifeline
contacts,
the crisis counselor must
call 911 without consent
because of serious risk to life.

*Based on data from Jan—July 2022.

988
SUICIDE
& CRISIS
LIFELINE

CS333007-A

Source: https://www.samhsa.gov/sites/default/files/988-facts-square.jpg

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Mobile Crisis Services

- Mobile crisis services are currently provided in 50 of the 62 counties in NYS to be expanded to all counties

- Moving towards the standard of 24/7/365 – including rural areas

- While the goal is immediate response, for active teams, the average response time is currently within 2 hours with flexibility for rural areas

- Telehealth can be utilized as consultation with licensed professionals or as a member of a responding mobile crisis team

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Crisis Stabilization Centers

Stabilization Centers provide behavioral health urgent care by addressing imminent mental health and/or substance use disorder needs.

- Available 24/7 in a welcoming peer supported environment
- Provide an alternative to emergency department care
- Provide the necessary referrals and connections to enhanced community services designed to assist individuals in successfully meeting their behavioral health needs in an outpatient setting
- Effective in diverting individuals from the criminal justice system

Two Models:
- Intensive Crisis Stabilization Center – awards have been made – 9 of 12 awarded
- Supportive Crisis Stabilization Center – currently in procurement phase

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Peers in Service Delivery

Crisis Stabilization Centers Peer Advisory Board

- The Peer Advisory Board (PAB) began convening in February 2022 and brings both mental health and substance use peer professionals together to advise on New York State's comprehensive crisis response continuum.

Crisis Center Feedback: Peer initiative

- Collecting feedback from customers of the crisis stabilization centers at the point of service will help us all assess their experience and find ways to improve. OMH is developing a brief electronic survey for clients to take in real-time on site, for example when they are on their way out of the center

Peers Integrated in Youth ACT

- Youth Peer and Family Advocate on teams

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Access:

Homeless Outreach and Housing; Safe Options Support (SOS) Teams

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Decreasing Homelessness in NY State

- Focus on individuals living on the streets and also living with serious mental illness.

- It is estimated that 4000 individuals are living on the streets in NYC and approximately 2000 of them are also living with serious mental illness. It is estimated that an additional 1500 individuals with serious mental illness are living on the streets in the rest of NY state.

- Enhanced services and supports will include:
  - Safe Options Support Teams to provide intensive wrap around services
  - 500 additional supportive housing units funded by the state and additional safe haven and stabilization beds funded by the city using a housing first approach
  - Learning collaborative with hospitals and CPEPs/EDs on how to best engage and serve these individuals

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NYS OMH Safe Option Support Teams

Focused Outreach. Coordinated Care. Housing Assistance.

SAFE OPTIONS SUPPORT

A New Team-Based Approach
Offering Comprehensive Community Care to
People Experiencing Homelessness

For Information & Support:
Call 1-866-SOS-4NYC

Meeting You—
Where *You* Are

Services On Offer

- Immediate Needs Support (Food/Clothing) Resources
- Medical/Wound Care
- Linkage to Medication-Assisted Treatment for Substance Use
- Entitlement Support
- Housing Support
- Behavioral Health Counseling
- Ongoing Supportive Care & Skills-Building

In Collaboration With

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CBC COORDINATED BEHAVIORAL CARE

ACMH Care Management & Housing

The Bridge

S:US SERVICES FOR THE UNDERSERVED

For Information & Support:
Call 1-866-SOS-4NYC

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Safe Option Support Team Update

- 10 SOS Teams are currently active in NYC: 6 in Manhattan, 2 in Brooklyn, 1 in Queens and 1 in the Bronx. An additional team will be launching in the Bronx this Fall.

- 20 teams are planned throughout the state by end of 2022.

- Teams continue to operate Mon-Fri from 7AM-9PM and are actively recruiting for weekend staffing.

- As of 9/16/22, SOS staff have conducted 1,652 total outreach encounters and placed 161 individuals in Safe Haven or shelter beds through DHS.

- The SOS Hub has received 245 referrals from hospitals, SPOA, DHS, Street Outreach Teams and community stakeholders. 319 individuals have been enrolled in SOS services.

- Services provided include assistance with basic needs (food, clothing, toiletries), shelter/Safe Haven placement, linkage with medical/ behavioral/SUD treatment, benefits assistance, identification, and Medicaid enrollment.

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Access to Care:
Youth and Family Services

2022-23 Budget Highlights: Children & Families Service Expansion

- Home-Based Crisis Interventions (HCBI) - $7.5 million in 22-23, $10 million full annual; double family enrollment to 2,600
- Other Children's Investments –
  - $8 million funding for evidence-based practices, to start an EBP Center of Excellence for Kids
  - $10 million School based MH initiatives
- Children's Residential Treatment Facility (RTF) - $7.5 million – three phases of investment including modernization of rate methodology to total over 25M
- 20 Youth ACT Teams –
  - MHBG/Reinvestment for startup funding (including 2 Young Adult ACT)
  - 20 Youth ACT teams – 19 recent awards; last team being re-bid via RFP for a total of 20
- Rate increases
  - Rate increases to youth ACT, clinic, CCR, RTF
  - 25% Rate increase for CFTSS, HCBS, enhanced rate to come for EBPs within CFTSS
  - Workforce Recruitment and Retention Funding
  - 5.4% COLA

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2022-23 Budget Highlights: Children & Families Service Expansion

- Expand Systems of Care with 22 System of Care Planning Mini-Grants to County Mental Health Departments in addition to ongoing SOC SAMHSA grant
- Federal funding (1x)
    - Intensive Outpatient – 12 Start Up, 1 Expansion
    - Partial Hospital Programs – 2 Start Up, 1 Expansion
    - Clinic – 31 Expansion
    - HBCI – 8 Expansion
    - School Based Clinic Startup – 136 new clinics
    - $3M in supporting licensed providers expand services
    - $2M in supporting unlicensed programs expand services
- 1M Youth Mental Health First Aid award
- $500k for training in supporting youth dually diagnosed with MH and ID/DD
- $600k in free training in Managing and Adapting Practice (Evidence Based Modules)
- $4M in funding provisions of Evidence Based Practices (to be released, 1x)

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Youth Assertive Community Treatment (ACT)

- 20 Youth ACT Teams statewide
    - MHBG/Reinvestment for startup funding (including 2 Young Adult ACT)
    - 19 recent awards; one is currently in procurement
- serves children ages 10 to 21 and their families, providing services and support in the home and community setting
- allows young people who are at risk of entering residential or inpatient psychiatric treatment to receive services while remaining with their families and in their communities
- delivers intensive, highly coordinated, individualized services and skilled therapeutic interventions to ensure the child and their family have the level of treatment and services to support their recovery – peer(s) are a required part of every team!
- highly responsive and flexible to meet the individualized, changing needs of the child and family, and they offer support 24 hours a day, 7 days a week

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Access: Rehabilitation And Employment

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CORE Service Array

Mobile therapy and treatment services (CPST)

Community Psychiatric Support and Treatment

Psychosocial Rehabilitation

Skill building to support living, working, learning, and socializing (PSR)

Education and training for family of choice (FST)

Family Support and Training

Empowerment Services – Peer Support

Support from individuals with lived experience

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CORE Update

- **Over 100** fully designated CORE providers across New York State
- Preliminary claims data is showing an **increase in CORE Services**
- Feedback from programs, MCOs, and care managers has been overwhelmingly positive.
- OMH-hosted CORE providers can be found on our website using the Find A Mental Health Program search feature (https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages)

Outpatient Services Redesign

PROS Redesign

OMH is working closely with stakeholders in the community and within the agency to redesign and modernize the PROS program and reimbursement model. **We are very excited to announce that a Participant Workgroup will also begin this fall – applications are currently being accepted!**

Clinic to Rehab Option

OMH is redesigning licensed clinic regulations to have the capability to provide more flexible services under Rehabilitative Services as 'Mental Health Outpatient Treatment and Rehabilitative Services'. **Youth, Family, Adult, and Older Adult Peer Support Services will be an optional service at Mental Health Outpatient Treatment and Rehabilitation Services, and these programs will be able to bill Medicaid for these services**.

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Employment   OMH programs helping with employment goals

- The Office of Mental Health (OMH) is improving access to employment supports for individuals with serious mental illnesses via a targeted investment of $2.8M into the Personalized Recovery Oriented Services (PROS) Vocational State Aid to fully fund an Employment Specialist/Counselor position to provide evidence-based supported employment (Individual Placement and Support), and work directly with employers in the community to identify and create new opportunities for adults with SMI. (This new funding was made available by the Governor's Office in the state budget.)

- OMH will additionally be adding two regional employment coordinators to act as a liaison between supported employment providers and other state agencies that support employment initiatives, including NYSED ACCES-VR and NYS DOL.

- These employment coordinators will support a larger effort to train and support all OMH programs in making employment a part of the recovery conversation!

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Employment   **OMH Employment Initiatives**

- OMH is working directly with NYSED Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR) to ensure that our regional resources and community providers are equipped to assist our shared customers to move seamlessly between program types
    - The doors (and available supports) open both ways!
    - A joint guidance communication will be delivered to stakeholders in the next few weeks
    - In the coming months OMH and ACCES-VR will collaboratively develop and deliver training and related technical-assistance
- OMH is partnering with NYS Department of Labor (DOL) on various initiatives including New York Systems Change and Innovation Opportunities Network (NY- SCION)
    - NY SCION Disability Resource Coordinators work out of DOL Career Centers and One Stops throughout the state connecting people with disabilities to necessary supports and Workforce resources

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Ensuring Equity, Diversity, and Inclusion

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Diversity and Equity

- The OMH Office of Diversity and Inclusion continues to provide education and consultation to State and community partners

- OMH has included equity components into all Requests For Proposals released

- FMAP Funds are being used to support a collaboration between OMH, SUNY and CUNY to provide a pipeline program, designed to encourage racially, ethnically, multilingual (diverse) students to enter mental health specific degree programs

  - This program will provide students with direct financial assistance to help support their degree completion

- The new **Vital Signs Dashboard has been launched**

  - uses Medicaid data and looks at HEDIS quality indicators, such as hospital readmission, engagement in treatment, or whether someone with schizophrenia has been screened for diabetes or has been taking their antipsychotic medications, and then breaks that information down by race, ethnicity, gender, and region to let you know whether there are disparities between the various groups of individuals we serve

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Select Disparity Population
Race/Ethnicity

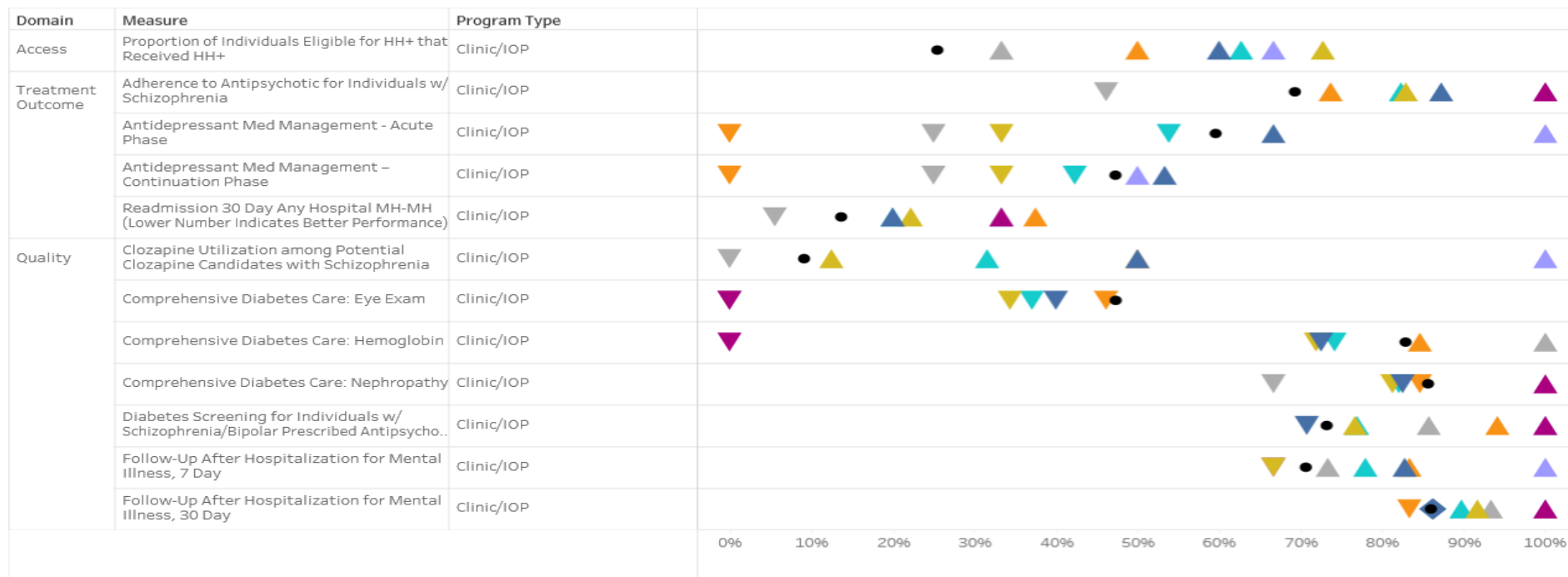**Select to View Chart/Table**
Chart

OMH State PC Network - Main Street Psychiatric Center Clinic/IOP Disparities by Race/Ethnicity (2020)
Hover over points on graph to see rates.

Legend:
- ■ White
- ■ Black
- ■ Hispanic
- ■ Asian/PI
- ■ Multiracial
- ■ Unknown
- ■ Total

- ▲ Higher than Statewide Clinic/IOP Average Rate*
- ◆ Not Different from Statewide Clinic/IOP Average Rate*
- ▼ Lower than Statewide Clinic/IOP Average Rate*

- ● Statewide Clinic/IOP Average Rate

Domain	Measure	Program Type
Access	Proportion of Individuals Eligible for HH+ that Received HH+	Clinic/IOP
Treatment Outcome	Adherence to Antipsychotic for Individuals w/ Schizophrenia	Clinic/IOP
	Antidepressant Med Management - Acute Phase	Clinic/IOP
	Antidepressant Med Management – Continuation Phase	Clinic/IOP
	Readmission 30 Day Any Hospital MH-MH (Lower Number Indicates Better Performance)	Clinic/IOP
Quality	Clozapine Utilization among Potential Clozapine Candidates with Schizophrenia	Clinic/IOP
	Comprehensive Diabetes Care: Eye Exam	Clinic/IOP
	Comprehensive Diabetes Care: Hemoglobin	Clinic/IOP
	Comprehensive Diabetes Care: Nephropathy	Clinic/IOP
	Diabetes Screening for Individuals w/ Schizophrenia/Bipolar Prescribed Antipsycho...	Clinic/IOP
	Follow-Up After Hospitalization for Mental Illness, 7 Day	Clinic/IOP
	Follow-Up After Hospitalization for Mental Illness, 30 Day	Clinic/IOP

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

Diversity and Equity: specialized programs

- **Asian American Mental Health Workgroup** To address the acute stress and long-standing barriers (i.e. language access barriers, lack of culturally appropriate clinical care) that make it difficult for Asian American New Yorkers to access quality mental health services

- **Buffalo community SERG** grant funding to be used for Non-Traditional Mental Wellness programs, A Black Mental Health Response Team, and a Psychological First Aid Train-the-Trainer program

- **Sawubona Healing Circles** provide culturally appropriate assistance and support to individuals and families in black communities dealing with elevated levels of grief, anxiety, and trauma

- **CARES UP** initiative designed to support veterans, first responders, and uniformed personnel through wellness and resiliency to lessen the stress inherent in their careers

- **DBT STEPS A** (Skills Training for Emotional Problem Solving for Adolescents) an evidence-based and evaluating promising Social-Emotional Learning (SEL) programs to increase protective factors (being implemented in a NYC school with high immigrant and black enrollment)

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PREVENTION

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Prevention Update

- Expansion of Healthy Steps in Pediatricians Office: 10 million in budget for expansion

- Expansion of School Based Clinics by additional 20% (currently nearly 1100) and trauma informed trainings across schools

- Extensive Suicide prevention in schools and communities: one million in budget focused on special populations

- Project Hope: over a million New Yorkers engaged

- Project Engagement: an innovative, new Mental Health Wellness Community Workforce Pilot funded by $2.5 million in new resources in the budget.

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First Episode Psychosis Program Expansion

- In 2022 OTNY has 29 FEP sites – of these 25 are currently operating and 4 are in the start up phase
  - o Outcomes continue to show decreased emergency room use and hospitalization
  - o Outcomes continues to show 68% of enrolled clients remain connected to education and employment
  - o Working to identify 2 additional new sites to open in 2023

Criminal Justice Updates

Crisis Intervention Team (CIT) Program

- *1st Goal*: Transform crisis response systems to minimize the times that law enforcement officers are the first responders to individuals in emotional distress. **Done via Sequential Intercept Model (SIM) Mapping at the county level**
    - ➢28 mapping workshops completed
- *2nd Goal*: Ensure that when police are the first responders – that they have the knowledge, skills and support to de-escalate situations and divert individuals from the criminal & juvenile justice systems, when possible.
    - ➢ 37 CIT trainings conducted (in 30 counties)

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Mobile Access Program (MAP)

Provides iPads to police & local mental health clinicians. At police request, clinicians provide a remote face-to-face evaluation to help plan for appropriate disposition. Goals include increasing access to mental health evaluations and avoiding unnecessary transports to hospitals.

➢ Pilot began in 2019 with 3 counties in WNY

➢ Currently implemented in 20 counties

➢ 35 law enforcement jurisdictions involved

➢ 18 mental health agencies participating

➢ 153 iPads deployed

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Mobile Access Program (MAP) continued

- ➢ 776 Zoom sessions as of 9/1/22
- ➢ 9.8 minutes is average wait time for police
- ➢ 18 minutes is average session length
- ➢ 75% of individuals remain where they are

An on-line Tableau portal was developed allowing all agencies involved to view their data in comparison to others.

Peer Supporter Program

- The Peer Supporter Program is a collaboration between OMH and the Department of Corrections and Community Supervision. It is designed to continue efforts in suicide prevention by providing support for those recently discharged from the Residential Crisis Treatment Program (RCTP) and returning to general population (GP), Intermediate Care Program (ICP), or the Special Needs Unit (SNU) in Level 1 facilities.

- Currently, this program is in a pilot phase in four correctional facilities [expansion to a fifth facility is underway]. Phase one of this program has allowed specially trained peer incarcerated individuals to connect with people upon discharge from the RCTP. The second phase of this program will allow for the addition of peer support on a self-referral bases for those housed in GP housing units.

- All Peer Supporters are selected through a comprehensive application and review process; they then complete a four-hour training program and must pass an exam before they are able to be a Peer Supporter. Additionally, all Peer Supporters attend a bi-weekly group supervision, which is co-facilitated by OMH and DOCCS, to allow a place to debrief their work, review procedures, discuss issues, and provide supplemental training.

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WORKFORCE and Housing

Workforce: 2022-23 Budget Supports

- 5.4% COLA for Community Mental Health Workforce

- Recruitment and Retention support from MHBG/FMAP for sign on and retention bonuses, tuition assistance

- Psychiatrists and Nurse Practitioners across NY: 9 million

- Collaboration with CUNY and SUNY on diversity recruitment, fellowships and student recruitment

- Pilots focused on increased use of paraprofessionals for mental health screening and coaching

- Increased financial and educational support for peers

- Training for integrated care for individuals with mental illness and developmental disabilities (including Project Teach expansion)

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Additional Good News - Housing

- 377 supportive housing beds opened in 2022 – with 222 more expected to open through the end of year
- Upcoming ESSHI awards – 597 supportive beds in the pipeline for 2023
- Housing bureau is coordinating with Intensive Crisis Stabilization Center awardees for access to transitional beds – we know that housing is a vital partner for the success of these programs
- 500 Additional housing units for street homeless in NYC
- Budget has increased supportive housing rates and housing pass through for unlicensed apartments

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Questions?

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